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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 6533/54013US2 | |
|---|---------------|--|--------------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | |
| Application Number 10/699,065 | | Filed 10/31/2003 | |
| For Collaborative File Update System | | -L | |
| Art Unit 2162 | | Examiner Baoquoc N. To | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| One month (37 CFR 1.17(a)(1)) | Fee \$ 120 | Small Entity Fee \$ 60 | s |
| Two months (37 CFR 1.17(a)(2)) | \$ 450 | \$ 225 | \$ |
| X Three months (37 CFR 1.17(a)(3)) | \$ 1,020 | \$ 510 | \$ <u>1.020.00</u> |
| Four months (37 CFR 1.17(a)(4)) | \$ 1,590 | \$ 795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$ 2,160 | \$ 1,080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card via EFS-Web. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| i am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| X attorney or agent of record. Registration Number <u>42164</u> | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| /Mark James Spolyar/ | | April 18, 2007 | |
| Signature | | Date | |
| Mark James Spolyar Typed or printed name | | 415-826-7966 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativets) are required. Submit multiple forms if more | | | |
| than one signature is required, see below. | | | |
| Total offorms are submitted. | | | |